

**LOUISIANA DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT
WATER RESOURCES SECTION
WATER WELL REGISTRATION SHORT FORM (DOTD-GW-1S)**

PLEASE PRINT IN INK OR TYPE WHEN COMPLETING THIS FORM

1. USE OF WELL (Check Appropriate box)
☐ DOMESTIC ☐ RIG SUPPLY ☐ MONITORING ☐ PIEZOMETER ☐ RECOVERY
☐ HEAT PUMP HOLE ☐ HEAT PUMP SUPPLY ☐ ABANDONED PILOT HOLE ☐ OTHER _____
(Please Specify)
 2. WELL OWNER _____ PHONE () _____
 3. WELL OWNER'S ADDRESS _____
 4. OWNER'S WELL NUMBER OR NAME (if any) _____
 5. DATE COMPLETED _____ DEPTH OF HOLE _____ FT. DEPTH OF WELL _____ FT.
 6. STATIC WATER LEVEL _____ FT. BELOW GROUND SURFACE MEASURED ON _____
(Date)
 7. CASING _____ IN. ☐ METAL ☐ PLASTIC ☐ OTHER LENGTH _____ FT.
 8. SCREEN _____ IN. ☐ METAL ☐ PLASTIC ☐ OTHER SLOT SIZE _____ LENGTH _____ FT.
 9. CEMENTED FROM _____ FT. TO GROUND SURFACE, USING ☐ PUMP DOWN METHOD OR ☐ GRAVITY METHOD
 10. LOCATION OF WELL: PARISH _____ WELL IS NEAR _____
(Town or City)
- APPROXIMATELY _____ MILES FROM _____
(Crossroads, Railroad, Any Landmark, etc.)

(Please draw sketch on back of Original)

11. REMARKS: _____
12. DRILLER'S LOG (Description and color of cuttings, such as shale, sand, etc. in feet)

FROM	TO	DESCRIPTION	FROM	TO	DESCRIPTION

13. FOR HEAT PUMP ONLY: AVG. DEPTH _____ FT. NUMBER OF HOLES _____
14. ABANDONMENT INFORMATION: DOES THE NEW WELL REPLACE AN EXISTING WELL? YES ☐ NO ☐
15. NAME OF PERSON WHO DRILLED THE WELL: _____

(REV. 7/93)

Name of Water Well Contractor _____

LICENSE NUMBER **WWC-** _____

Authorized Signature _____ Date _____

MAIL ORIGINAL TO:

**LOUISIANA DEPARTMENT OF
TRANSPORTATION AND DEVELOPMENT
ATTN.: CHIEF – WATER RESOURCES SECTION
P.O. BOX 94245
BATON ROUGE, LA 70804-9245
(225) 379-1434**

FOR OFFICE USE ONLY

PARISH _____ WELL NO. _____

IDENTIFICATION NUMBER _____

REVISED COORDINATES _____

Geologic Unit _____ Use of Well _____

SECTION _____ TOWNSHIP _____ RANGE _____

ELEV. _____ QUAD. NO. _____

INPUT BY: _____ DATE: _____

INSPECTED BY: _____ DATE: _____

REMARKS: _____

FOR MONITOR/PIEZO/RECOVERY WELLS ONLY

LATITUDE _____ LONGITUDE _____

SECTION _____ TOWNSHIP _____ RANGE _____

ELEV. _____ QUAD. NO. _____

SITE ADDRESS: _____

EXHIBIT 2

WATER WELL REGISTRATION SHORT FORM (DOTD-GW-1S)